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TYCO HEALTHCARE

10532392 - GAU: 3767

No. 1721 P. 1

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# **Facsimile Transmission**

To:	Art unit 3767	From:	víckí €. Lo	inniganU-	
	Commissioner for Patent	:S			
company:	U.S. Patent and	Date:	Apríl 19, 2	:00 <del>7</del>	
	Trademark Office				
Fax No.:	(571) 273-8300	Total pgs:	26 (includ	líng this page)	
Rl:	Serial No.: 10/532,392				
	Docket No.: S-8490 (1)				
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#### Sir/Madam:

Applicant herewith submits the following documents in connection with the above-referenced application:

- Information Disclosure Statement transmittal (2 pages);
- Form PTO/SB/08A Information Disclosure Statement by Applicant form (1 page); and
- Reference A1 European Patent No. 1 234 596 B1 (22 pages)

This facsimile transmission may contain confidential and/or attorney/client privileged information belonging to the sender. This information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, or the employee or agent responsible to the intended recipient, you should return to sender immediately. You, are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited.

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No. 1721 P. 2

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Shia et al.

Atty Dkt:

S-8490 (1)

Serial No:

10/532,392

Art Unit:

3767

Date Filed:

April 22, 2005

Examiner:

Elizabeth MacNeill

Invention:

Automatic Valve for Injection Through a Nasogastric Tube

Date:

April 19, 2007

#### CERTIFICATE OF FACSIMILE

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being faxed to Art Unit 3767, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at facsimile number (571) 273-8300.

Date: April 19, 2007

Vicki E. Lannigan

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### INFORMATION DISCLOSURE STATEMENT

#### Dear Sir:

Applicant submits herewith patents, publications or other information of which he is aware, if any, which he believes may be material to the examination of this application and in respect of which there may be a duty to disclose in accordance with 37 CFR 1.56.

The filing of the Information Disclosure Statement shall not be construed as a representation that a search has been made (37 CFR 1.56), an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

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The filing of this Information Disclosure Statement shall not be construed as an admission against interest in any manner. Notice of January 9, 1992, 1135 O.G. 13-25, at 25.

Any such patents, publications or other possibly material information which are known to Applicants are listed on the enclosed copy of PTO/SB/08 listing patents and/or other documents.

After reasonable inquiry, no other information material to examination of the above-referenced application is known to Applicants.

Statement under CFR 1.97 (b).

This Information Disclosure Statement is being filed within three (3) months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office Action on the merits, whichever event occurs last, in keeping with 37 CFR 1.97 (b).

The Commissioner is hereby authorized to charge any fees that may be required to Deposit Account No. 190254.

Respectfully submitted,

Date: April 19, 2007

Edward S. Jarmolowicz

Reg. No. 47,238

Tyco Healthcare Group LP

15 Hampshire Drive Mansfield, MA 02048

(508) 261-8476

Apr. 19. 2007 12:46PM

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No. 1721 P. 4

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PTO/SB/08A (08-03)

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a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are require Complete if Known Substitute for form 1449/PTO Application Number 10/532,392 Filing Date April 22, 2005 INFORMATION DISCLOSURE First Named Inventor Benedict Shia STATEMENT BY APPLICANT Art Unit 3767 (Use as many sheets as necessary) Examiner Name Elizabeth MacNeill Attorney Docket Number S-8490 (1)

Examiner	Cite	Document Number	Publication Date	OGUMENTS Name of Patentes or	Ponce Columns Lines 14/hors
Initials*	Cite No.1	Number-Kind Code <sup>2 (Flavour)</sup>	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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FOREIGN PATENT DOCUMENTS						
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		Country Code <sup>3</sup> "Number <sup>4</sup> " Kind Code <sup>3</sup> (# Known)	MM-DD-YYYY		Or Relevant Figures Appear	Tf
		EP 1 234 596 B1	01-03-2007	Inukai et al.		
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\*EXAMINER: Initial if reference considered, whether or not distion is in conformance with MPEP 609. Draw line through citation it not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique distion designation number (optional). See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. Senter Office that issued the document, by the two-letter code (MIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. Applicant is to place a check mark here if English language

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any commenta on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandra, VA 22313-1450. DO NOT SEND FESS OR COMPLETED FORMS TO THIS ADDRESS. SEND

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